

06-08-00

Please type a plus sign (+) inside

+

App use through 09/03/00. OMB 0651-0032

PTO/SB/05 (12/97)

Patent and Trademark Office: U. S. DEPARTMENT OF COMMERCE


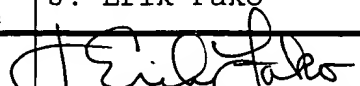
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))	Attorney Docket No.	12096RNU501U	Total Pages	31
	First Named Inventor or Application Identifier			
	Akman, A.			
	Express Mail Label No.	EL355509811US		

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
1. <input checked="" type="checkbox"/> Fee Transmittal Form (Submit an original, and a duplicate for fee processing) 2. <input checked="" type="checkbox"/> Specification [Total Pages 20] (preferred arrangement set forth below) - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets 6] 4. Oath or Declaration [Total Pages 2] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed) [Note Box 5 below] i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting Inventor(s) named in the prior application, see 37 CFR 1.63(d) and 1.33 (b). 5. <input type="checkbox"/> Incorporation By Reference (usable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being a part of the disclosure of the accompanying application and is hereby incorporated by reference therein.	6. <input type="checkbox"/> Microfiche Computer Program (Appendix) 7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies ACCOMPANYING APPLICATION PARTS 8. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee) 10. <input type="checkbox"/> English Translation Document (if applicable) 11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 Citations <input type="checkbox"/> Copies of IDS 12. <input type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 14. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application, Statement(s) Status still proper and desired 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign Priority is claimed) 16. <input type="checkbox"/> Other: _____ _____ _____

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: ___/___
18. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label				 22033		or <input type="checkbox"/> Correspondence address below	
NAME							
ADDRESS							
CITY				STATE		ZIP CODE	
COUNTRY		U. S. A.		TELEPHONE		FAX	
SUBMITTED BY							
Typed or Printed Name				Complete (if applicable)			
J. Erik Fako				Reg. No. 42,522			
Signature				Date		Deposit Account User ID	
				6/1/00			

Burden Hour Statement: This form is estimated to take 02 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of Time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

jc834 U.S. PTO

09/589449

06/07/00

jc834 U.S. PTO
06/07/00

09589449 "060700"



4006 E. Highway 54
Network Center 2, MS D16/02/0E2
Durham, North Carolina 27713
Tel 919.997.4453
Fax 919.997.6659
efako@nortelnetworks.com

www.nortelnetworks.com

J. Erik Fako
Senior Counsel

June 7, 2000

Box Patent Application
Assistant Commissioner
for Patents
Washington, D.C. 20231-9999

Re: U. S. Patent Application
Docket No. 12096RNUS01U
Entitled : System and Method for Executing Control Among Nodes in Separate IP
Networks

Dear Sir:

Enclosed is a patent application including formal papers as follows:

Applicant: Arda Akman

Title : System and Method for Executing Control Protocols Among Nodes in
Separate IP Networks

No. Pages Specification: 14; Claims: 5; Abstract: 1; Informal Drawings: 6;
Unexecuted Power of Attorney

Kindly acknowledge receipt of the foregoing by returning the enclosed self-
addressed postcard.

Sincerely,



Erik Fako

JEF:sfp
EL355509811US

002090"64468560

CERTIFICATE OF EXPRESS MAILING

EXPRESS MAILING LABEL NO. EL355509811US
DATE OF DEPOSIT: 6/7/00



I hereby certify that the accompanying application is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to Box Patent Application, Assistant Commissioner for Patents, Washington, DC 20231.

Sharon F. Preston
Name: Sharon F. Preston
Date of Signature: 6/7/00

002030 " 64462560